

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | TD | | 8-25-00 |
| O.I.P.E. CLASSIFIER | | 10 | 9-5-00 |
| FORMALITY REVIEW | WN | 6747.9 | 10-16-00 |
| RESPONSE FORMALITY REVIEW | | | 12/2/00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy